

**COUNTY OF LOS ANGELES REPORT OF INJURY/PROPERTY DAMAGE
TEMPORARY EMERGENCY HOUSING**

RMIS Dept. Name: CEO

RMIS Facility: CEO (NOC)

INSTRUCTIONS:

All incidents involving injury or property damage, however, minor, while on County property (owned or leased) must be reported by E-Mail to Carl Warren and Company:

Sylvia Hernandez SHernandez@carlwarren.com

Stacy Luster SLuster@carlwarren.com

**FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY PHONE TO
CARL WARREN & CO. (818)247-2206**

INCIDENT DETAILS:

Location of Incident: _____

Lease# (if Available): _____

Property Owner: _____

Owner or Manager Contact information: _____ E-Mail: _____

Date of occurrence _____ Hour _____ AM PM

Description of Incident (Give all factors contributing to injury or damage):

Responsible Party:

Address:

Contact Information:

Agency Report Yes No Agency Reporting Rpt#

PROPERTY DAMAGE

Description of Damage:

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Dept. Name: CEO

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BODILY INJURY

Person Injured: _____

Address: _____

Contact number: _____ E-Mail: _____

Age: ____ Sex: Male: Female:

If under 18, give name of parent or guardian: _____

Guardian Contact Information: _____

Injury Description:

Witness (Attached additional information if available):

Witness #1:

Name: _____

Address: _____

Contact Phone#: _____ Contact E-Mail: _____

Witness #2:

Name: _____

Address: _____

Contact Phone#: _____ Contact E-Mail: _____

Reported by: _____ Title: _____

Contact Phone: _____ Contact E-Mail: _____